



Northeast CAPT News Update

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VOICES FROM THE FIELD

The Relationship between Substance Abuse Prevention and Community Economic Development Principles

On July 14, 2005, the Northeast CAPT hosted an interactive audio conference. Through this learning event, participants had the opportunity to explore the role of prevention within the community economic development process. We had two expert panelists with us: Michelle Keenan and Vicente Sanabria.

Michelle Keenan is the Director of the Regional Center for Healthy Communities in Cambridge MA and has over 20 years of experience in managing health and human service programs and has provided technical assistance to substance abuse and other health programs. Vicente Sanabria is the Director of Somerville Cares About Prevention for the City of Somerville, MA. He has worked in the field of community economic development for over 15 years.

Highlights from this audio conference included the review of key concepts used in community economic development [CED] and the similarities and differences between substance abuse prevention work and CED:

Vicente Sanabria defined community economic development in two ways:

- “Community economic development differs from economic development. Economic development has a much higher profit motive... Community economic development is developing a relationship or establishing a relationship between the residents in the community... with land, labor or capital.”
- A group at Southern New Hampshire University at www.snhu.edu developed this definition: “It [CED] is a process by which a community and its institutions organize economic activity in ways that benefit the community as a whole and leads to community and personal empowerment through strategies which encourage cooperation and interdependence and which seek to equalize resources among its rich and poor populations.”

Six guiding principles of community economic development were identified:

- Enhancing social justice and democracy at the neighborhood level (creating opportunities for people living in communities that are devastated)
- Enhancing community empowerment (giving people the ability to choose and act on one's choices)
- Enhancing personal empowerment (looking at self-management skills, being able to feel comfortable and working with systems)
- Enhancing civic participation
- Enhancing cooperation, collaboration in partnerships among and across sectors
- Enhancing community income and creating assets and wealth

Similarities discussion led by Ms. Keenan:

- Both CED and substance abuse prevention work aim to enhance cooperation, collaboration in partnerships among and across sectors. Both also try to involve coalitions and community organizing.
- If strategies for either area are going to be effective they need to be culturally appropriate and responsive to the issues that are most important to that community. What works in urban areas is not necessarily what will work in rural areas.

- Both are looking to impact their communities in a positive way and ensure a sustaining level of community change.
- Both are looking to build on existing support systems and networks.
- Both approaches are strengthened by involving people with direct experience with the issue.

Differences discussion led by Mr. Sanabria:

- CED looks at family systems as a foundation for long term economic self-sufficiency.
- The evaluation processes for measuring change are often different. Substance abuse prevention often looks at short-term reduced use, whereas CED will look at home ownership, job readiness, employment and access to financial services.
- Models for substance abuse prevention derive from the field of psychology, whereas CED is looking across community systems.
- Sometimes public health and prevention aspirations might run or are perceived to run counter to the economic aspirations of your local community. (Ex: substance abuse prevention is trying to reduce the availability of alcohol to minors by limiting the number of liquor licensees in the area, where retail liquor outlets have a strong political voice)

For more information and resources on community economic development:

- NeighborWorks America at <http://www.nw.org> provides information on community development corporations and training for community-based revitalization efforts.
- Community Development Block Grants available from HUD at <http://www.hud.gov>
- Industrial Areas Foundation at <http://www.industrialareasfoundation.org/> provides a bibliography of resources on community economic development and they offer community-organizing trainings throughout the United States.
- Local Initiative Support Corporation at <http://www.lisc.org>
- School of Community Economic Development at Southern New Hampshire University at <http://www.snhu.edu/sced>

For more information on our panelists or objectives from the audio conference visit

http://captus.samhsa.gov/northeast/services/audio_conferences/community_economic.cfm

RESEARCH UPDATE

Meth Abuse at Work Continues to Grow

Meth is the most common type of amphetamine abused. About 1.3 million people reported using meth in the previous year, and 607,000 said they had used it in the previous month, according to a 2003 report from the White House Office of National Drug Control Policy. The number of positive employer based drug-tests for amphetamines grew by 6% last year, after an increase of more than 44% in 2003. A recent study found that meth abuse caused businesses to lose millions of dollars, largely due to absenteeism and lost productivity. While the typical meth user in the past was a white, blue-collar man, the drug is now being used by more diverse groups across the USA. Meth is popular among long-haul truck drivers and people who must be mentally alert while working long hours. For many users, the drug acts first to improve job performance, but over time, it takes a toll triggering anxiety, paranoia, weight loss, tooth grinding and tooth decay. Typically, meth addicts will burn out at work, losing employment or moving from job to job. They may have trouble securing employment because of felony drug arrests or employers might fear those in recovery will be vulnerable to relapse.

(<http://www.drugfreepa.org/news/view.asp?id=206&page=&cid=&pid=3>)

Stephanie Armour, USA TODAY, 7/15/05

NIAAA Newsletter –Latest Issue Now Online

The latest edition of the NIAAA Newsletter is now online at:

www.niaaa.nih.gov/publications/Newsletter/summer2005/Newsletter_Number7.htm

Featured in this issue:

- * NIAAA Budget Request Goes to Congress
- * Alcohol Research Center Directors Meet
- * Dr. Li Represents NIH Director on Visit to Taiwan's NHRI
- * Dr. Linda Spear to Receive 2005 Keller Award
- * Clinical Trials: Medical Journals Will Now Require Public Registration
- * Nursing Experts Discuss Developing an Alcohol Education Curriculum for Nurses
- * New Publications --
- Journal Covers Screening and Brief Intervention

- New Spanish brochure for women

For the printer-ready PDF, go to:

www.niaaa.nih.gov/publications/Newsletter/summer2005/Newsletter_Number7.pdf

Visitors also can access the Newsletter from the "What's New" section of the NIAAA home page at

www.niaaa.nih.gov/

Confronting the Rise in Abuse of Prescription Drugs

The misuse and abuse of prescription medications is a growing public health concern. A survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), estimates that in 2003, 6.3 million Americans aged 12 and older abused prescription drugs in the month preceding the survey. Most abused pain relievers (4.7 million); others abused tranquilizers (1.8 million), stimulants (1.2 million), and sedatives (0.3 million). According to the National Institute on Drug Abuse (NIDA), in 2003, 4.5 percent of high school seniors reported nonmedical use of OxyContin and 10 percent reported nonmedical use of hydrocodone in the past 12 months.

NIDA is responding to the increase in prescription drug abuse on several fronts:

- A consultant workgroup brought together researchers and physicians with expertise in pain management and the epidemiology, prevention, and treatment of opiate abuse. This panel developed an outline for a clinical study of treatment for prescription opiate abuse.
- NIDA is also expanding their understanding of the risks posed by prescription medications in different populations, such as the elderly and patients with chronic pain medication needs.
- NIDA is developing screening and diagnostic tools for primary care physicians to assess the potential for misuse, abuse, and dependence on prescription drugs in their patients.
- Developing new medications free of potential for abuse or diversion to illegal markets.

NIDA's expanded commitment will help ensure the availability of safe and effective treatment with lessened risk of dependence or addiction.

Nora D. Volkow, M.D., NIDA Director

For more information and to view the entire article, go to:

http://www.nida.nih.gov/NIDA_notes/NNvol19N5/DirRepVol19N5.html

Mental Disorders Exacts Heavy Toll, Beginning in Youth

Researchers supported by the National Institute of Mental Health (NIMH) have found that half of all lifetime cases of mental illness begin by age 14, and that despite effective treatments, there are long delays between first onset of symptoms and when people seek and receive treatment. The papers provide significant new data on the impairment, such as days lost from work, caused by specific disorders, including mood, anxiety, and substance abuse disorders. The papers are reported in the June 6 issue of the *Archives of General Psychiatry* by Ronald Kessler, Ph.D., and colleagues. The papers include:

- **Prevalence and Age-of-Onset of Mental Disorders:** Mental illness begins very early in life. Half of all lifetime cases begin by age 14; three quarters have begun by age 24.
- **Failure and Delay in Initial Treatment Contact:** The study documents the long delays between the onset of a mental disorder and the first treatment, as well as the accumulated burden and hazards of untreated mental disorders.
- **Severity and Comorbidity of Mental Disorders:** The second paper reports that even though mental disorders are widespread throughout the population, the main burden of illness is concentrated in those with a severe disorder.
- **Use of Mental Health Services:** The study indicates that the U.S. mental health care system is not keeping up with the needs of consumers and that improvements are needed to speed initiation of treatment as well as enhance the quality and duration of treatment.
- **Future and Ongoing Efforts:** The NIMH epidemiological research portfolio contains several related projects that are focused on mental disorders among adolescents and ethnic subgroups. An international perspective on these

findings is also becoming available, as the study is part of a global initiative on the epidemiology of mental disorders in 28 countries, coordinated through the World Health Organization.

Kate Egan and Jules Asner, NIMH Press Release, 6/6/05

For more information:

<http://www.nimh.nih.gov/press/mentalhealthstats.cfm>

NEW RESOURCES

Measuring Outcomes to Improve Services

SAMHSA and the States are collaborating on an effort to measure the outcomes for clients in all SAMHSA-funded programs with the goal of using the information to improve services for people with mental and addictive disorders. SAMHSA is realigning all of the Agency's grant and contract data collection programs with National Outcome Measures (NOMs).

The NOMs information available online at www.nationaloutcomemeasures.samhsa.gov uses maps and charts to describe states' substance abuse and mental health prevalence, treatment, and funding data. This Web site also provides substance abuse prevention data. As new data are collected, the Web site will present cross-year data to help users examine program changes over time.

In collaboration with the States, SAMHSA has identified ten domains as NOMs.

- The first domain is abstinence from drug use and alcohol abuse.
- Four domains focus on resilience and sustaining recovery. For example, getting and keeping a job or enrolling and staying in school.
- One domain deals with increased access to services for substance abuse.
- Another domain looks at retention in substance abuse treatment.
- The final three domains examine the quality of services provided. These include client perception of care, cost-effectiveness, and use of evidence-based treatment practices.

Data for reporting on these measures will come primarily from the States. States will be supported in their efforts by SAMHSA with infrastructure and technical assistance through a new State Outcomes Measurement and Management System (SOMMS). Through this new system SAMHSA in partnership with the States will:

- Standardize operational definitions and outcome measures, and link records to support pre- and post-service comparisons.
- Develop benchmarking strategies to determine acceptable levels of outcomes.
- Produce routine management reports to direct our technical assistance and science-to-services program to implement interventions designed to result in improved outcomes.
- Achieve full State reporting by the end of fiscal year (FY) 2007. In the interim, each year, more States will report with standard definitions until all States are on board.

For more information:

SAMHSA News, July/August 2005, Volume 13, Number 4 at http://alt.samhsa.gov/SAMHSA_News/VolumeXIII_4/article9.htm

NOM Information available at

<http://www.nationaloutcomemeasures.samhsa.gov/>

Solutions to Community Alcohol Problems: A Roadmap for Environmental Prevention

Alcohol-related problems often make headlines--from DUI crashes, and underage binge drinking deaths to drunken violence at sporting events--but solutions rarely make the news. A new guide from the Marin Institute, "Solutions to Community Alcohol Problems: A Roadmap for Environmental Prevention," offers a practical menu of concrete steps that communities can take to reduce alcohol problems.

This 22 page booklet will help people understand environmental prevention and how it can create policies, settings and community conditions that support positive choices about alcohol. Using real world success stories and engaging illustrations to bring the concepts to life, this publication is designed to help elected officials,

foundation leaders, public health practitioners, and local advocates support communities in putting environmental prevention strategies into action. Now available at <http://www.marininstitute.org/roadmap/>

SELECTED UPCOMING EVENTS

Upcoming Online Courses

Social Marketing
October 3-7

This course combines readings, online activities, and moderated discussion to explore benchmarks, examples, and key elements of social marketing. Course materials include a slide presentation, 13 related resources and tools, and links to related Web sites.

This is an asynchronous event, which means that participants can take the course at their own pace and log in at their convenience. However, to benefit most from the materials and online discussion, we encourage participants to adhere to a recommended schedule.

Involving Youth in Your Substance Abuse Prevention Program October 17-21

This course offers the information and tools practitioners need to involve youth in all aspects of their prevention programs. It describes the many benefits associated with youth involvement in prevention programming and strategies for recruiting young people and creating meaningful activities that will keep youth engaged, over time. Course materials include planning tools, case studies, and links to related Web sites.

For more information on these online events, please contact Melanie Adler at madler@edc.org or 617-618-2309. To receive information on course registration, please click on:
http://www.northeastcapt.org/course_registration/register_mailing_list.asp

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